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# MEDICAL OFFICER'S REPORT

## FOR THE YEAR 1902.

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January 9th, 1903.

GENTLEMEN,

I beg to submit to you my Report for the year, 1902:—

The area of acres is 468, and the estimated population is 4371.

The Births are 130, giving a rate of 29·7 per 1000.

The Deaths are 60, giving a rate of 13·7 per 1000; of these Deaths 20 were of Children under one year of age, thus giving a Death Rate of 153·8 per 1000 Births registered.

There have been 4 Deaths from various forms of Tubercular mischief, but none from Phthisis.

There have been 10 Deaths from Zymotic diseases, thus giving a rate of 2·2 per 1000.

The various rates are as follows:—

Respiratory Diseases		Zymotic	
Birth Rate.	Death Rate.	Death Rate.	Death Rate.
29·7	2·5	2·2	13·7

Death rate under 1 year per 1000 Births registered, 153·8.

Mortality from all causes at subjoined ages,—

Total Deaths, 60.

Under 1 year	1 under 5	5 under 15	15 under 25	25 under 65	over 65
20	8	4	—	20	8

### INFECTIOUS DISEASES.

We have been singularly free from any epidemic during 1902, odd cases cropping up here and there with no apparent connection.

There were 8 cases of Diphtheria, 4 of Membranous Croup, 11 of Scarlet Fever, and 7 of Erysipelas. One case of Enteric was reported, but the diagnosis was very doubtful. It was quite impossible to discover any link connecting the cases in the various parts of the district, and at all the houses the traps were in good working order, and other sanitary matters good. Only one Death during the year resulted from Diarrhoea.



## **GENERAL SANITATION.**

Mr. GARRAWAY and I paid our usual visit round the district during the latter end of the year :—

The traps are now almost all of the improved variety, but there are a few of the old style left, which should be removed as soon as possible.

There are still some backyards to be paved: but a great many of the back streets in the district are needing attention, as their condition in wet weather is simply deplorable.

The water supply is from the Weardale and Shildon Water Company, and seems to be uniformly good and abundant.

The continued existence of so many open middens still remains as a menace to the health of the district—an eyesore, and often something worse to those who at times must use our back streets. Some old ones, which are placed on a slight elevation, are constantly leaking, and are thus saturating the surrounding soil. This may at any time provide the germs for future trouble. Wherever it is possible to do so ashclosets should be substituted for our open privies.

The general sewerage of the district is satisfactory, but the recommendations of the County Medical Officer of Health still remain to be acted upon.

To my knowledge there exists a considerable amount of overcrowding, but to a great extent this arises from the scarcity of houses. A little might be done by allowing large families the larger houses, but even then the evil would remain widespread.

The scavenging for the year was on the whole very satisfactorily performed. There was never at any time a case of gross neglect, and never cause for serious complaint. The puzzle to me is how the contractors in some cases manage to get men to enter the water-logged middens to clean them out.

I am, Gentlemen,

Yours very truly,

**J. H. NAISMITH.**







TABLE I.

Vital Statistics of Whole District during 1902 and Previous Years.

Name of District Lowland

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.				TOTAL DEATHS IN PUBLIC INSTITU- TIONS IN THE DISTRICT.	Deaths of Non- residents registered in Public Institu- tions in the District.	Deaths of Residents registered in Public Institu- tions beyond the District.	NETT DEATHS AT ALL AGES BELONGING TO THE DISTRICT.			
		Number.	Rate.*	Under 1 Year of Age.		At all Ages.					Number.	Rate.*	Number.	Rate.*
				Number.	Rate per 1,000 Births registered.	Number.	Rate.*							
1	2	3	4	5	6	7	8	9	10	11	12	13		
1892.														
1893.														
1894.														
1895.														
1896.														
1897.														
1898.														
1899.														
1900.														
1901.	4341	128	36.1	14	154.5	41	16.2				41	16.2		
Averages for years 1892-1901.														
1902.	4341	130	34.4	20	153.8	60	13.4			2	62	14.1		

\* Rates in Columns 4, 8, and 13 calculated per 1,000 of estimated population.

NOTE.—The deaths to be included in Column 7 of this table are the whole of those registered during the year as having actually occurred within the district or division. The deaths to be included in Column 12 are the number in Column 7, corrected by the subtraction of the number in Column 10 and the addition of the number in Column 11.

By the term “Non-residents” is meant persons brought into the district on account of sickness or infirmity, and dying in public institutions there; and by the term “Residents” is meant persons who have been taken out of the district on account of sickness or infirmity, and have died in public institutions elsewhere.

The “Public institutions” to be taken into account for the purposes of these Tables are those into which persons are habitually received on account of sickness or infirmity, such as hospitals, workhouses and lunatic asylums. A list of the Institutions in respect of the deaths in which corrections have been made should be given on the back of this Table.

Area of District in acres  
(exclusive of area covered by water).

468

Total population at all ages.....

4341

Number of inhabited houses.....

890

Average number of persons per house.....

4.9

At Census of 1901.

I. Institutions within the District receiving sick and infirm persons from outside the District.	II. Institutions outside the District receiving sick and infirm persons from the District.	III. Other Institutions, the deaths in which have been distributed among the several localities in the District.
	1. Union Workhouse Stonhope 2. County Lunatic Asylum Ledgfield.	
Is the Union Workhouse within the District? <u>No</u>		

TABLE II.

Vital Statistics of separate Localities in 1902 and previous years.

Name of District

Low-ham

NAMES OF LOCALITIES.	1.				2.				3.				4.				5.				6.				7.			
	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each Year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each Year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births regis- tered.	Deaths at all Ages.	Deaths under 1 year.
YEAR.	a.	b.	c.	d.	a.	b.	c.	d.	a.	b.	c.	d.	a.	b.	c.	d.	a.	b.	c.	d.	a.	b.	c.	d.	a.	b.	c.	d.
1892																												
1893																												
1894																												
1895																												
1896																												
1897																												
1898																												
1899																												
1900																												
1901																												
Averages of Years 1892 to 1901.	43 1/2	108	21	13																								
1902		43 1/2	130	60	20																							

NOTES.—(a) The separate localities adopted for this table should be areas of which the populations are obtainable from the census returns, such as wards, parishes or groups of parishes, or registration sub-districts. Block 1 may, if desired, be used for the whole district: and blocks 2, 3, &c., for the several localities. In small districts without recognised divisions of known population this Table need not be filled up.

(b) Deaths of residents occurring in public institutions beyond the district are to be included in sub-columns c of this table, and those of non-residents registered in public institutions in the district excluded. (See note on Table I. as to meaning of terms "resident" and "non-resident.")

(c) Deaths of residents occurring in public institutions, whether within or without the district, are to be allotted to the respective localities according to the addresses of the deceased.

(d) Care should be taken that the gross totals of the several columns in this Table respectively equal the corresponding totals for the whole districts in Tables I. and IV.: thus, the totals of sub-columns a, b, and c should agree with the figures for the year in the columns 2, 3, and 12, respectively, of Table I.: the gross total of the sub-columns c should agree with the total of column 2 in Table IV., and the gross total of sub-columns d with the total of column 3 in Table IV.







TABLE III.

Cases of Infectious Disease notified during the Year 1902.

Name of District *Sawhau*

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.						TOTAL CASES NOTIFIED IN EACH LOCALITY.							NO. OF CASES REMOVED TO HOSPITAL FROM EACH LOCALITY.						
	At all Ages.	At Age†—Years.					1	2	3	4	5	6	7	1	2	3	4	5	6	7
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.														
Small-pox ...																				
Cholera ...																				
Diphtheria ...	8	1	4	3																
Membranous croup ...	4	1	2	1																
Erysipelas ...	4	1	1	1	1	4														
Scarlet fever ...	11		3	8																
Typhus fever ...																				
Enteric fever ...	1			1																
Relapsing fever ...																				
Continued fever...																				
Puerperal fever ...																				
Plague ...																				
*																				
Totals ...	31	3	9	14	1	4														

NOTES.—The localities adopted for this table should be the same as those in Tables II. and IV.

State in space below the name of the isolation hospital, if any, to which residents in the district, suffering from infectious disease, are usually sent. Mark (H) the locality in which it is situated, or if not within the district, state where it is situated, and in what district. Mark (W) the locality in which a workhouse is situated.

\* This space may be used for record of other disease the notification (compulsory or voluntary) of which is in force in the district.

† These age columns for notifications should be filled up in all cases where the Medical Officer of Health, by inquiry or otherwise, has obtained the necessary information.



## Causes of, and Ages at, Death during Year 1902.

Name of District

Low Low

(See Notes at Back.)

CAUSES OF DEATH.	DEATHS IN OR BELONGING TO WHOLE DISTRICT AT SUBJOINED AGES.							DEATHS IN OR BELONGING TO LOCALITIES (AT ALL AGES).							TOTAL DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.
	All ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Small-pox ...															
Measles ...	/	/													
Scarlet fever ...															
Whooping-cough ...															
Diphtheria and membranous croup ...	4	2	2	3											
Croup ...															
(Typhus ...															
Fever { Enteric ...															
Other continued															
Epidemic influenza ...															
Cholera ...															
Plague ...															
Diarrhoea. (See notes at back.)	/	/													
Enteritis. (See notes at back.)															
Puerperal fever ...															
Erysipelas ...	/	/													
Other septic diseases...															
Phthisis ...															
Other tubercular diseases.	5	1	2			2									
Cancer, malignant disease.	3					1	2								
Bronchitis ...	4	1	1			4	1								
Pneumonia ...	2					2									
Pleurisy ...															
Other diseases of Respiratory organs.	2		1			1									
Alcoholism } Cirrhosis of liver }															
Venereal diseases ...															
Premature birth ...	12	12													
Diseases and accidents of parturition.	2					2									
Heart diseases ...	8		1			6	1								
Accidents ...															
Suicides ...															
Cerebral Hemorrhage	4					1	3								
Locomotor ataxia	1					1									
Nephritis	2		1	1											
Senile decay	3						3								
Maldevelopment	1	1													
All other causes ...															
All causes ...	62	20	8	4		20	10								



NOTES.—(a) In this Table all deaths of "Residents" occurring in public institutions, whether within or without the district, are to be included with the other deaths in the columns for the several age groups (columns 2-8). They are also, in columns 9-15, to be included among the deaths in their respective "Localities" according to the previous addresses of the deceased as given by the Registrars. Deaths of "Non-residents" occurring in public institutions in the district are in like manner to be excluded from columns 2-8 and 9-15 of this Table.

(b) See notes on Table I. as to the meaning of "Residents" and "Non-residents," and as to the "Public Institutions" to be taken into account for the purposes of these Tables. The "Localities" should be the same as those in Tables II. and III.

(c) All deaths occurring in public institutions situated within the district, whether of "Residents" or of "Non-residents," are, in addition to being dealt with as in note (a), to be entered in the last column of this Table. The total number in this column should equal the figures for the year in column 9, Table I.

(d) The total deaths in the several "Localities" in columns 9-15 of this Table should equal those for the year in the same localities in Table II., sub-columns *e*. The total deaths at all ages in column 2 of this Table should equal the gross total of columns 9-15, and the figures for the year in column 12 of Table I.

(e) Under the heading of "Diarrhœa" are to be included deaths certified as from diarrhœa, alone or in combination with some other cause of ill-defined nature; and also deaths certified as from

Epidemic enteritis;  
Zymotic enteritis;  
Epidemic diarrhœa. Summer diarrhœa;  
Dysentery and dysenteric diarrhœa;  
Choleraic diarrhœa, cholera, cholera nostras  
(in the absence of Asiatic cholera).

Under the heading of "Enteritis" are to be included those certified as from Gastro-enteritis, Muco-enteritis, and Gastric catarrh, unless from information obtained by enquiry from the certifying practitioner or otherwise, the Medical Officer of Health should have reason for including such deaths, especially those of infants, under the specific term "Diarrhœa."

Deaths from diarrhœa secondary to some other well-defined disease should be included under the latter.

In recording the facts under the various headings of Tables I., II., III. and IV., attention has been given to the notes on the Tables.

L. H. G. Smith Medical Officer of Health.

Date Jan. 13 1903.